

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2032-0028 Expires 12/31/02 GSA GEN. REG. NO. 24 EPA-CR

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
MAR 18 2002

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. Initial Notification

☒

B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number

I L D 0 0 6 3 3 1 3 4 2

II. Name of Installation (Include company and specific site name)

S T U E E D W A R D S V I L L E C A M P U S

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

6 H A I R P I N D R I V E

Street (Continued)

City or Town

E D W A R D S V I L L E

State

I L

Zip Code

6 2 0 2 6 - 1 6 5 7

County Code

County Name

M A D I S O N

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

C A M P U S B O X 1 6 5 7

City or Town

E D W A R D S V I L L E

State

I L

Zip Code

6 2 0 2 6 - 1 6 5 7

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

M C D O N A L D

(First)

D A V I D

Job Title

M A N A G E R O F E H S

Phone Number (Area Code and Number)

6 1 8 - 6 5 0 - 3 5 8 4

VI. Installation Contact Address (See instructions)

A. Contact Address
Location Mailing

☐☒

B. Street or P.O. Box

City or Town

E D W A R D S V I L L E

State

I L

Zip Code

6 2 0 2 6 - 1 1 5 1

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

S I U E O F F I C E O F T H E C H A N C E L L O R

Street, P.O. Box, or Route Number

C A M P U S B O X 1 1 5 1

City or Town

E D W A R D S V I L L E

State

I L

Zip Code

6 2 0 2 6 - 1 1 5 1

Phone Number (Area Code and Number)

6 1 8 - 6 5 0 - 2 4 7 5

B. Land Type

S

C. Owner Type

S

D. Change of Owner Indicator

Yes

No

X

Date Changed

Month

Day

Year

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3/18/02

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VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities		C. Used Oil Management Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Exempt Boiler and/or Industrial Furnace <input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption <input type="checkbox"/> b. Small Quantity On-Site Burner Exemption <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Processor <input type="checkbox"/> b. Re-refiner <input type="checkbox"/> 3. Off-Specification Used Oil Burner 4. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
B. Universal Waste Activity <input type="checkbox"/> Large Quantity Handler of Universal Waste		

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 2	2 F 0 0 3	3 F 0 0 5	4 F 0 2 7	5 U 0 3 8	6 U 1 2 9
7 U 1 3 4	8 U 1 4 4	9 U 1 6 5	10 U 1 8 8	11 U 2 1 1	12 U 2 4 0

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

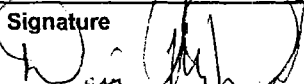
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1 D 0 0 6	2 D 0 0 7	3 D 0 0 8	4 D 0 0 9

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature 	Name and Official Title (Type or print) David McDonald Manager of Environmental Health and Safety	Date Signed 3/6/02
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XI. Comments

FEDERAL GENERATOR STATUS MUST BE CHANGED FROM CONDITIONALLY EXEMPT TO SMALL QUANTITY GENERATOR.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)

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IX. Description of Hazardous Wastes (Continued; Additional Sheet)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; Use this page only if you need to list more than 12 waste codes.)

13 U 2 7 9	14 P 0 2 2	15 P 1 0 5	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96

B. Toxicity Characteristic Hazardous Wastes. (See 40 CFR 261.24; Use this page only if you need to list more than 4 waste codes.)

5 D 0 1 1	6 D 0 1 3	7 D 0 1 8	8 D 0 2 2	9 D 0 2 8	10
11	12	13	14	15	16
17	18	19	20	21	22

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MAR 10 2002

MAR 20 2002

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RCRA RECORDS ROOM
Waste, Pesticides & Toxics Division
U.S. EPA—REGION 5

N

ILD 006331342 A 870116

S O U T H E R N I L L I N O I S U N I V E R S I T Y

E d w a r d s v i l l e I L 6 2 0 2 6

City or Town

E d w a r d s v i l l e I L 6 2 0 2 6

IV. Installation Contact

Name and Title (Last, first, and job title)

J a s o n E m i l C o o r d . 6 1 8 6 9 2 2 0 4 2

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (Public, Private, etc.)

S o u t h e r n I l l U n i v . S

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☒ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
 (enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
 (enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
 Who First Claims the Oil Meets the Specification

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U.S. EPA REGION V

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐ A. Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. First Notification ☒ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

A P P L I E D F O R

F	0	0	1

F	0	0	2

F	0	0	3

F	0	0	4

F	0	0	5

31			
37			
43			

32			
38			
44			

33			
39			
45			

34			
40			
46			

35			
41			
47			

42			
48			

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49		50		51		52		53		54	

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☒ 2. Corrosive
(D002)

☒ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature
Emil F. Jason

Name and Official Title (type or print)
Emil F. Jason, Acting Coordinator

Date Signed
January 7, 1987

87-4953

For Official Use

13 APR 1987

1 LD 00633 1342 A 870116

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JAN 12 1987

I. Name of Installation

S O U T H E R N I L L I N O I S U N I V E R S I T Y

II. Installation Mailing Address

E d w a r d s v i l l e I L 6 2 0 2 6

III. Location of Installation

R T E 157

City or Town

State

ZIP Code

E d w a r d s v i l l e I L 6 2 0 2 6

IV. Installation Contact

Name and Title (last, first, and job title)

Phone Number (area code and number)

J a s o n E m i l C o o r d . 6 1 8 6 9 2 2 0 4 2

V. Ownership

A. Name of Installation's Legal Owner

B. Type of Ownership (enter code)

S o u t h e r n I l l U n i v e r s i t y

0 5

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

- ☐ 1a. Generator ☐ 1b. Less than 1,000 kg/mo.
☐ 2. Transporter
☒ 3. Treater/Storer/Disposer
☐ 4. Underground Injection
☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner

- ☐ 6. Off-Specification Used Oil Fuel
(enter 'X' and mark appropriate boxes below)
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner
☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

☐ A. Utility Boiler☐ B. Industrial Boiler☐ C. Industrial Furnace

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

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IX. First or Subsequent Notification

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

☒ A. First Notification☒ B. Subsequent Notification (complete item C) 3/28

C. Installation's EPA ID Number

APPLIED FOR

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.23 for each listed hazardous waste from nonpoint sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 F 0 0 5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.23 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

☒ 1. Ignitable
(D001)

☒ 2. Corrosive
(D002)

☒ 3. Reactive
(D003)

☒ 4. Toxic
(D000)

XI. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature <i>Emil F. Jason</i>	Name and Official Title (type or print) Emil F. Jason, Acting Coordinator	Date Signed January 7, 1987
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DUPLICATE
NOTIFICATION OF CHANGE TO FINDS

DATE: 7/29/91

ARCHIVED EPA LD: LD981949803

ORIGINAL EPA LD: ~~LD006351212~~

CHANGED BY: DUPLICATES

NOTIFY THE FOLLOWING:

<input checked="" type="checkbox"/>	01	HWDMS	Office of Solid Waste	(OSW)
<input type="checkbox"/>	02	PCS	Water Enf and Permits	(OWEP)
<input type="checkbox"/>	03	AFS	Air and Radiation	(OAR)
<input type="checkbox"/>	04	FATES	Pesticides and Toxic Subs	(OPTS)
<input type="checkbox"/>	05	CERCLIS	Superfund	(OERR)
<input type="checkbox"/>	07	DOCKET	Enf and Compliance Monitoring	(OECM)
<input type="checkbox"/>	08	FURS	Drinking Water	(ODW)
<input type="checkbox"/>	09	FRDS	Fed'l Underground Inject Cntl	(OW)
<input type="checkbox"/>	10	SIA	Surface Impoundment	(OW)
<input type="checkbox"/>	11	FFIS	Office of Federal Actives	(OFA)
<input type="checkbox"/>	13	CICIS	Toxic Subst Inventory	(OTS)
<input type="checkbox"/>	14	STATE	State Program Offices	()
<input type="checkbox"/>	15	PADS	Office of Toxic Substances	(OTS)
<input type="checkbox"/>	16	RCRA-J	Office of Solid Waste	(OSW)
<input type="checkbox"/>	17	TRIS	Office of Toxic Substances	(OTS)
<input type="checkbox"/>	18	CUS	Office of Toxic Substances	(OTS)
<input type="checkbox"/>	19	NCDB	Office of Pesticides Toxic Subs	(OPTS)

NAME CHANGED FROM: _____

NAME CHANGED TO: _____

ADDRESS CORRECTION FROM: _____

ADDRESS CORRECTED TO: _____

ZIP CHANGED FROM: _____ ZIP CHANGED TO: _____

OTHER: _____

ANALYSIS: 1PW